Appendix 2 – Blue Mountains City Council New Community Garden Application Form

! NB: This form does NOT replace a Development Application (DA), if a DA is required.

1. Contact Details				
a. Name of your grou	ıp:			
b. Name of contact p	person:			
c. Address:				
d. Phone: H:	W:	M :		
e. Email:				
2. Group Details				
a. Is your group an Incorporated Association? YES 🔲 NO 🗌				
b. How many members does your group have?				
c. Is your group not-for-profit? YES NO				
c. 15 your group not-	Tor-profit 753	NO [
d. Does your group carry its own Public Liability insurance?				
YES NO	•	•		
- if yes, to wh	at value?			
	•	available to establish a	•	
garden? (eg. Purchas	e ot materials, comp	post bins, tools, shed, ir	isurance etc)	

3. Site Details
a. Name of your proposed garden
b. Have you identified a preferred site for your garden? YES NO - If yes above, what is the address of this site?
- Is this site owned/managed by Council? YES NO - If no, who owns this site?
- Please describe the key features of this site, including dimensions, toilets, aspect, slope, soil, water access, proximity to public transport, structures on the site, existing use of the site (use an additional sheet to answer this question).
4. Garden and Produce Details a. What types of activities are your group proposing for the site (you can select multiple answers or add additional answers): Organic gardening Permaculture Raised beds Community education Workshops Sensory garden Other
b. What types of plants are members of your group keen to grow?
c. Do you have plans for any of the following on your site: Rainwater tank/s Shelter Storage shed Potting bench Pathways Nursery
Compost bays
Animal enclosure/s
Other

5. Management of your garden a. Please describe the proposed management structure for the community garden (including how decisions will be made, conflict resolution processes, how new members will be recruited, any criteria for membership etc (use an additional sheet if necessary)	
b. Will your garden be open to the public (rather than members only with a key system)? YES \square NO \square	
c. Will there be restrictions about when your garden will operate? YES NO Please describe	
d. How will your group ensure the following issues are addressed? Odour:	
Vandalism:	
Excessive noise:	
Site aesthetics:	
Rodents:	
Parking:	
Waste:	
6. Any supporting information you wish to add? (use additional sheet if necessary)	